AMENDMENT TRANSP			ITTAL LETTER		Docket No. 20050/0200482-US	
Application No. 10/705.811-Conf. #5411		Filing Date November 10, 2003		Examiner	Art Unit	
plicant(s): Sate			10, 2003	M. Hand	3761	
ention: INTERI	ABIAL PAD					
		THE COMMI				
ransmitted here he fee has been						
			S AS AMENI	DED		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	18	- 20 =	0	x 50.00	0.00	
Independent Claims	2	- 3 =	0	x 200.00	0.00	
Multiple Depend	ent Claims (che	ck if applicabl	e) [
Other fee (please specify): Request for Continued Examination					790.00	
TOTAL ADDITI	ONAL FEE FO	R THIS AME	NDMENT:		790.00	
A duplicate of A check in the X Payment by X The Director as described X Credit ar	If fee is required ge Deposit Accopy of this she amount of \$ credit card. For is hereby auth I below. A dup by overpayment and distinct a fill the she amount of \$ credit card. For is hereby auth I below. A dup by overpayment and additional fill the she and the she are t	ount No	to cover to sattached, ge and credit this sheet is e	ees required under 3		
DARBY & DARI P.O. Box 5257 New York, New (212) 527-7685	York 10150-5	257				